



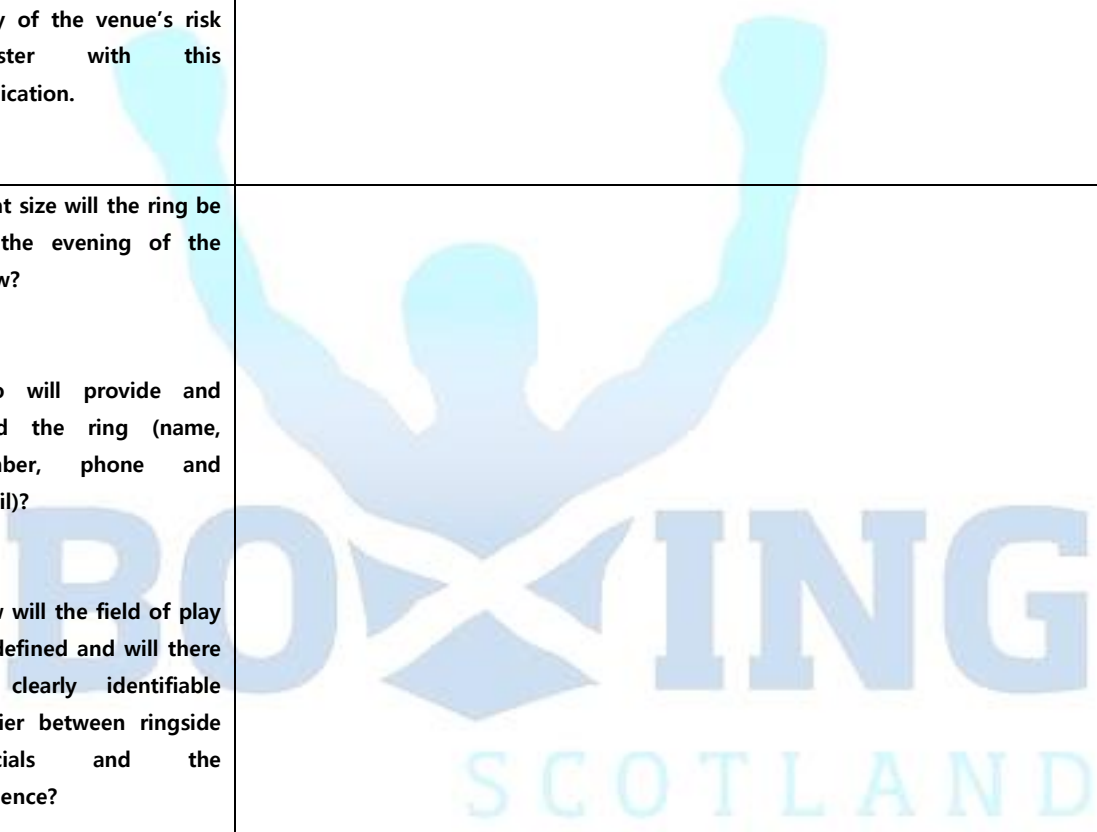
**Boxing Scotland Ltd**

**2019-2020 Season Permit form – Application to stage a Boxing Show**

<b>Name of Club requesting permit</b>	
<b>Show Organiser (Must be a member of the club above).</b>	
<b>Date of proposed event:</b>	(Please provide evidence of the facility booking. A permit cannot be issued without evidence).
<b>Start and finish times:</b>	
<b>Venue Name, Address &amp; Postcode:</b>	
<b>Venue Contact (name, number, email):</b>	
<b>Maximum Crowd Capacity without ring:</b>	
<b>Maximum Crowd Capacity with ring built:</b>	
<b>Is this a Local Authority owned facility?</b>	
<b>Please tick to confirm a copy of the venue's public</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>



<p>liability insurance has been enclosed</p>	
<p>Description of the event:</p>  <p>Charity Event <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, please name your chosen charity, its charity number and contact details (name, number, and email)</p>	
<p>Your clubs working officials are:</p> <p>Clubs Child Wellbeing Officer (CWPO)Name : CWPO is to be present at the show.</p>	
<p>Which company will provide security at the event?</p> <p>Please provide SIA registration numbers:</p> <p>How many stewards will be present at the event?</p>	
<p>Please provide the name and contact numbers of Doctors booked:</p>	

<p>Has a Health and Safety/risk assessment been carried out by either the venue of club?</p> <p>If yes, please provide a copy of this document.</p> <p>If NO, please enclose a copy of the venue's risk register with this application.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>What size will the ring be on the evening of the show?</p> <p>Who will provide and build the ring (name, number, phone and email)?</p> <p>How will the field of play be defined and will there be clearly identifiable barrier between ringside officials and the audience?</p> <p>Please provide a sketch of the planned layout if preferred.</p>	
<p>Will alcohol be sold on the evening?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Has your club staged a show in this venue</p>	

<p>previously? If yes please provide a brief summary</p>	
<p>Who will be designated Child Protection Officer on the evening?</p> <p>Please provide a brief description of what changing facilities will be available to boxers and officials:</p> <p>Please provide a brief description of where medicals and weigh-ins will be conducted:</p>	

We hereby confirm that the information provided in this application is as factually correct and up to date as possible.

We understand that this information will be checked by Boxing Scotland to ensure its accuracy.

We understand and accept that the permit may be revoked by Boxing Scotland at any time at their sole discretion and without liability.

It is agreed that we, we as representatives of ..... (name of club), will be solely responsible to the company (Boxing Scotland Ltd) for ensuring the proper conduct of everyone in attendance at the event for its duration.

Signed:                      Print Name:                      Position:                      Date:

Signed:                      Print Name:                      Position:                      Date:

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